

## EDITORIALS

### A 1927 MEMBERSHIP CAMPAIGN FOR THE COUNTY UNITS!

Springtime is at hand, and again nature's urge to growth is everywhere manifest.

Why should not our county medical units put themselves in harmony with the spirit of the season, and seek likewise to take on a real budding and further development?

For if the year 1927 is to be marked by a record of special growth of membership in our county and state medical societies, that special increase can only become a reality if the campaign for new members is inaugurated this spring. Now, today, is the psychological time for action. That is the reason these words are written and this plea made in this issue of your journal.

\* \* \*

Medical societies have come into existence because doctors have learned: one, that such organizations make possible greater scientific and professional progress for each individual member of the profession; two, that because of this progress, the members of the profession are able to give more efficient service to their patients; and, three, because in our present-day civilization the standards of professional training and practice must be safeguarded through state laws, and these can only be maintained when supported by organized medicine. In short, the actual achievement of scientific and professional ideals and the protection of the economic interests of doctors in these days in which we live are possible for each of us as individuals only when organized medicine acts for and aids us through its constituted national, state, and county medical societies. This statement applies to each of us, whether or not we be members of such societies, or whether or not we be active therein. In the last analysis, it is to our medical societies to which we turn to set the standards for our scientific and professional achievements, and to protect the legitimate material interests that are a part of our own, as of every other profession, vocation, business, or trade.

These being the premises we must come to the conclusion that these various interests can be most successfully developed if our societies contain on their membership rolls not many, or the majority, but practically all the licensed physicians and surgeons, who through training and methods of practice are eligible to membership therein.

\* \* \*

As a matter of fact, however, there are many eligible physicians and surgeons in California who are not among our membership. This is due in good part because we leave the invitation to join our associations to chance contact through some individual member. It is true we grow, but often our growth is somewhat like that of Topsy in her growing age, when "she just grew."

The object of this plea is to replace this haphazard growth by an organized effort to reach all

eligible physicians; to start this program at once; and to outline a plan that in the past has netted results, more than justifying the efforts expended.

It may be of interest to note that California has 8363 licensed physicians, with 3735 in its state association; Utah has 505 licensed physicians with 339 in its state society; and Nevada has 129 licensed physicians with 115 in its state organization. Equally interesting figures can be compiled for the different counties in these states.

\* \* \*

The procedure in such a membership drive program could be outlined as follows:

1. The president of every county medical unit in the state, on his own authority or with the cooperation of the other officers, would select as chairman of the membership drive committee some outstanding, enthusiastic, result-getting member.

2. This chairman, in conjunction with the society president and other officers, would determine what other members should be on the committee. (In the larger societies such additional committee members would act practically as captains, each having the right to secure the cooperation of other members.)

3. The entire committee and officers would then hold a joint meeting. Each committee member would be requested to bring to this conference his own copies of the directory of the California Medical Association and the directory of the Board of Medical Examiners.

These directories give explicit information concerning every licensed practitioner in California. All seemingly eligible licentiates would be given to some one or other of the committee members (depending on personal acquaintance, office location nearness, college affiliations, and so on). Each committeeman would be expected to assume responsibility for his quota of eligibles even though he had to pass on some of these names to subcommitteemen whom he would himself appoint.

This meeting at which the entire committee would divide the eligible non-members among themselves, should be attended by the members of the Council and Membership Committee of the county society. When the list of non-members is read, a goodly number of the non-eligibles can be then eliminated by mutual consent, and at a minimum expenditure of time and effort. If this joint action is not secured, non-members may be solicited, who later on might not be voted into membership. This embarrassing situation must be avoided as much as possible.

4. Each committeeman would then call on the eligible licentiate, present the advantages of membership, and if possible have the doctor called upon, sign an application for membership. (In making such a call, showing the April convention number of CALIFORNIA AND WESTERN MEDICINE, in which the program of the fifty-sixth annual session is printed, would make easier the presentation of the comprehensive scope of organized medicine in California.)

5. The chairman would call a conference meeting of the committee in one or two weeks to check on progress, and the committee secretary would make a note of the reports submitted. At this time changes in assignments could be made if desired.

Several such meetings could be held until the campaign came to a close. Such a campaign should be pushed sufficiently, so that all major results would accrue within thirty days' time.

\* \* \*

To some readers the procedure above outlined may seem undignified. There is, however, nothing undignified in such a campaign. If we believe that medical societies make for better service to the people, and that all eligible licentiates should be members thereof, then it follows that we owe it to ourselves and to the profession we love, to bring such eligible licentiates into harmonious relationship with us. We would have a better right to reproach ourselves if we failed to do our parts in an effort such as this.

A membership drive for our county and state societies would seem very much indicated for this spring season of the year 1927. It could do no harm and would probably result in much good to all concerned.

If you, Doctor Member, who read these lines and this plea, believe in it and wish to help, you can do so in effective manner by telephoning or writing your president or officers urging them to institute such a campaign on behalf of your own county society.

If we all give our aid in this, the year 1927 will be marked by a special increase in our county unit and state society memberships, with resulting stronger and better local and state organizations.

The end-results would be worth the effort. If we believe in these things we will start such a campaign at once. And the way to begin, is to begin. Let every member do his part.

#### ADDRESSES OF PRESIDENTS McARTHUR AND PHILLIPS

CALIFORNIA AND WESTERN MEDICINE in this issue prints the valedictory address of the retiring president of the California Medical Association, Dr. William T. McArthur of Los Angeles, and the inaugural address of Dr. Percy T. Phillips of Santa Cruz.

These honored colleagues presented viewpoints of some of the many problems confronting organized medicine, and their suggestions are well worth the perusal and thought of every practitioner of medicine and surgery who is licensed in California. It is worthy of special thought, that Doctors McArthur and Phillips, in taking up, along different roads of approach, the consideration of some of the problems confronting organized medicine, found many activities of major importance to discuss, without at any time trenching to any extent, on the territory mapped out in the discourse of the others. In the few instances, when the same topics were dealt with, the double treatment only gave emphasis to the questions under consideration.

It is neither possible nor desirable that each address be analyzed in this May issue of our journal, which goes to press at a date prior to the beginning of the fifty-sixth annual session which was held at Los Angeles. The June issue of CALIFORNIA AND WESTERN MEDICINE will contain the complete pro-

ceedings of the House of Delegates. A considerable number of the matters presented by our retiring and incoming presidents undoubtedly will have been given special consideration by that body. A few comments at this time may not be amiss, however.

\* \* \*

Retiring President McArthur stated sound truths in: "It is considered good business for any organization to have an annual audit; to evaluate the business done; to examine and appraise its stock in trade; to look carefully into the profit and loss account; and after a thorough investigation, to initiate changes where such seem desirable." Of course, all phases of medical science, medical art, and medical economics were included in the foregoing paragraph.

The standardization of hospitals, to the end that the highest type of professional and other service may be given at a cost that implies no wastage in hospital management, and which throws no avoidable financial burdens upon patients, is and will continue always to be a very proper field of inquiry.

The paramount place which the keystones of all expressions of organized medicine in America—the American Medical Association, the state medical associations, and the component county medical units, must ever hold, can never be overvalued. It is these organizations that form the solid foundation for all scientific advancement in our profession; but also which constantly bring us back, as do none of the many other scientific societies in medicine, to the art of medicine. And equally important, is the fact, that while we may be willing to serve in the profession of the healing art, it is essential that we properly live, in order to give good service. It is our national, state, and county medical societies which protect the material rights of the medical profession; and it is to those organizations we turn for leadership, when economic dangers and injustices threaten. It behooves every ethical licentiate of medicine to support each and all of them, in fullest measure.

\* \* \*

President Phillips' figures, showing the total number of licensed physicians in California, according to the latest figures of the California Board of Medical Examiners, and the total enrollment in the California Medical Association, merit serious thought. An editorial in this number of our journal outlines a plan which, if promptly and vigorously put into execution, will make the distance apart in the gross figures above referred to, less pronounced. The more we increase the proportion of county society members to total numbers of licentiates in California, the better organized and the more efficient will be our state and county societies. When we would be proud of our strength, let us remember that we could be even stronger; and determine to make ourselves so.

The important functions so successfully performed by the California State Board of Health merits the commendatory words given thereto. The colleagues who so willingly give their services on that board do so out of love of humanity and of their profession. They have our gratitude for the honor they do us in so ably serving the people of our state.

Doctor Phillips for years has been a member, and for several years has been the competent chairman of